

## Foster Family Home - Corrective Action Report

Provider ID: 1-110078

Home Name: Jane Fernandez, CNA

Review ID: 1-110078-11

94-1205 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/16/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/16/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/16/19.

6.(d)(1)- see applicable sections of the review.

PCG is applying for a 3 person CCFFH.

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No current APS/CAN/Ecrim for CG#3. No current APS/CAN for CG#6.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4)- No SCG Disclosure Form for CG#2 and CG#7.

41.(b)(7)- No Tuberculosis clearance for CG#2, CG#5, CG#6, CG#7, and CG#8.

41.(b)(8)- No current cardiopulmonary resuscitation for CG#5. No current First Aid for CG#5 and CG#6. No current blood borne pathogen for CG#3, CG#5 and CG#7.

41.(c)- No in-service training for CG#3, CG#5, and CG#7.

*Maikel Nakamine, RN*

Compliance Manager

*J. Hernandez*

Primary Care Giver

*10/16/19*  
Date

*10/16/19*  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Jane Fernandez

CCFFH Address: 94-1205 Lumikula Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	A current APS/CAN/Ecrim was obtained by CG#3 and APS/CAN by CG#6. Both records were placed in home binder.	11/7/19	Home will utilize a schedule using an iPhone calendar or a computer program to enter due dates. Reminders set for 2 months prior to due dates.
41.(b) (4)	SCG Disclosure Form was completed by CG#2 and CG#7 and filed in home binder.	11/7/19	In the future, CG#1 will remind new caregivers and have SCG Disclosure Form available to them.
41.(b) (7), (8), (c)	TB clearances were obtained by CG#2, CG#5, CG#6, CG#7, and CG#8. Also CG#5 renewed CPR training, First Aid, and Blood borne pathogen; CG#6 obtained a current First Aid training; for CG#3 and CG#7 both obtained a current Blood borne pathogen. CG#3, CG#5, and CG#7 completed the annual in-service training requirements. All documents were placed in home binder.	11/7/19	Home will create a schedule of due dates 2 months in advance utilizing an iPhone calendar/computer program. The schedule will be printed out and placed in front of home binder.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: JANE A. FERNANDEZ

Date of Signature: 11/07/19